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Complete if Known

Application Serial Number 10/019,740

Filing Date December 28, 2001

First Named Inventor Cauwenberghs

Group Art Unit 1641

Examiner Name Jung, Unsu

	Attorney D	ocket No. INL-091				
METHOD OF PAYMENT		FEE CALCULATION (continued)				
1. A Payment Enclosed:		1	TIONAL	FEES		
☐ Check ☐ Money Order ☐ Other		Large	Small			
2.   The Commissioner is hereby authorized to cre	dit	Entity Fee	Entity Fee	Fee Description	Fee Paid	
or charge any fee indicated below for this submission to		(\$)	(\$)	rec bescription		
Deposit Account No. 50-1721.		(-,	(-,			
Required Fees (copy of this sheet enclosed).		130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and		50	25	Surcharge - late provisional filing fee		
1.17.				or cover sheet		
Overpayment Credit.		130	130	Non-English specification		
3. Applicant claims small entity status.		2,520	2,520	Request for ex parte reexamination	100.00	
FEE CALCULATION  1. FILING/SEARCH/EXAM/SIZE FEES		120 450	60 225	Extension for reply within first month Extension for reply within second	120.00	
I. FILING/SEARCH/EXAM/SIZE FEES		430	223	month		
Large Entity		1020	510	Extension for reply within third month		
Fee (\$) Fee Description Fe	ee Paid	1590	795	Extension for reply within fourth		
				month		
300 Utility filing fee	-	2160 500	1080 250	Extension for reply within fifth month Notice of Appeal		
300 Utility filing fee 500 Utility search fee		500	250	Filing a brief in support of an appeal		
200 Utility exam fee		1000	500	Request for oral hearing		
250 Utility size fee (each add'l 50 pgs. over 100)		400	400	Petitions to the Commissioner (Gp. I)		
200 Design filing fee		200	200	Petitions to the Commissioner (Gp. II)		
100 Design search fee		130	130	Petitions to the Commissioner (Gp. III)		
130 Design exam fee		180	180	Submission of Information Disclosure		
250 Design size fee (each add'l 50 pgs. over 100)				Statement		
		790	395	Filing a submission after final		
	_			rejection (37 CFR 1.129(a))		
	Amount	790	395	For each additional invention to be		
Filed Extra  Total Claims - 20 = x \$ 50 00 =		,,,,	100	examined (37 CFR 1.129(b))		
Total Claims $-20 = x $50.00 =$		100	100	Certificate of Correction for applicant's error		
Independent		130	65	Submission of Terminal Disclaimer		
Claims $-3 = x $200.00 =$		Other fee (		Request for Continued Examination	790.00	
				(RČE)		
Flacking the state of the state		Other fee (	Specify)	W.Pr.		
Multiple Dependent Claim(s), if any \$360.00 = TOTAL:						
SMALL ENTITY DISCOUNT:						
<b>SUBTOTAL</b> (1) (\$) 0.00						
2. AMENDMENT CLAIM FEES						
Claims Highest No. Present Rate	Fee Paid			SUBTOTAL (3)	(\$) 910.00	
Remaining Previously Extra				· · · · · · · · · · · · · · · · · · ·		
After Amend. Paid For				CLIDTOTAL (I)	0.00	
Total - = x \$ 50.00 = lndep = x \$200.00 =				SUBTOTAL (1)	0.00	
First Presentation of Multiple Dep. Claim $+$ \$360.00 =				SUBTOTAL (2) SUBTOTAL (3)	910.00	
TOTAL:	(\$)			SOBIOTAL (S)	310.00	
SMALL ENTITY DISCOUNT:	(\$)					
SUBTOTAL (2)	(\$)0.00			TOTAL (\$)	910.00	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK				
Direct all correspondence to:				Respectfully submitted,		
•			Date: February 22, 2007			
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